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CONFIRMATION NO. 4398

Bib Data Sheet

SERIAL NUMBER 09/760,807	FILING DATE 01/17/2001  RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. 12013/58101
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
*none DS*\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*none DS*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/02/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 7	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Initials			
Verified and Acknowledged Examiner's Signature					

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## TITLE

Therapeutic delivery balloon

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